

FILED FEB 17 1950

STANDARD CERTIFICATE OF DEATH

5463

State File No.

BIRTH NO.		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>430</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mississippi</u>			
b. CITY OR TOWN <u>East Prairie</u>		c. LENGTH OF STAY (If in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>		0671	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Prairie, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>ELMER</u> c. (Last) <u>BARNES</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Aug. 18, 1892</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Dorena, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas L. Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Florena Pearson</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ode Barnes</u> ADDRESS <u>East Prairie</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma Urinary Bladder</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Urinary Bladder</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		181X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 31, 1950</u> , to <u>Feb 4, 1950</u> , that I last saw the deceased alive on <u>Feb 4, 1950</u> , and that death occurred at <u>8:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Stefford B. Sheenrod M.D.</u>				23b. ADDRESS <u>East Prairie, Mo.</u>		23c. DATE SIGNED <u>Feb. 10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brownsville</u>		24d. LOCATION (City, town, or county) (State) <u>Brownsville Hickman Ky.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 7 1950</u>		REGISTRAR'S SIGNATURE <u>Anna Harper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby</u>		ADDRESS <u>East Prairie, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 15 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed FEB 17 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Travis Shelby

Licensed Embalmer No. 272

P. O. Address East Prarie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.